

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09/613707
APPLICANT(S)

FILING DATE
7/11/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	7					
TOTAL DEP.	5					
TOTAL CLAIMS	12					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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